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WHY DID THE INFANTS AND TODDLERS DIE? SHIFTS IN AMERICANS' IDEAS OF RESPONSIBILITY FOR ACCIDENTS—FROM BLAMING MOM TO ENGINEERING

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On April 5, 1933, five-year-old David Myers of Youngstown, Ohio, got his hand caught and "mangled" in a washing machine wringer in his home. At St. Elizabeth's Hospital, a thumb and two fingers were amputated. The newspaper report did not suggest that any lawsuits would follow this unhappy event. By the late twentieth century, however, holding producers of commodities liable for injuries had become a standard method by which litigious Americans attempted to achieve various ends, including general distributive justice at the expense of large corporations. This paper is an attempt to find out why manufacturers or anyone else came to be held responsible for accidents.¹

Attempts to collect damages after people got hurt depended, typically, upon a modernist way of looking at the relationship between people and things: the idea that one could, by rational action, avoid injuries. This attempt to produce "safety" reflected an urge to control and was part of the modernist belief that human beings could control their fates—both by controlling things and by controlling people—and, in this case, so as to "prevent accidents."²

Americans in their public statements had not always held the producers of commodities responsible, and they certainly did not always hew to modernist approaches in general. Broad shifts in perception led up to the late twentieth-century viewpoint. This paper identifies those shifts by tracing ideas about deaths and injuries that came to very young children, typically children under five or six years old. As an index to belief, it is possible to trace the changing answer to the question: if infants and small children cannot take responsibility for themselves and control their fates, who should? Since they were too young to look after their own safety, someone else therefore had to. As a mid-twentieth-century Minneapolis physician, Robert Semisch, stated the problem bluntly, "The accidental death of a child is the dramatic and tragic finale of someone's mistake."³ Whose mistake was it when a child was hurt? Who failed to control unintentional injuries?

In the nineteenth century, as modernist ideas of control were beginning to flourish, individuals and child caregivers were presumed to have a private, essentially domestic, duty to guard the safety of children. In practice, social custom, with the usual gendered discrimination, tended to hold "the mother" responsible for her children. In the twentieth century, safety became a major public category, and campaigns to avoid injuries focused even more strongly on mothers and then, more generally, caregivers. Two more phases followed after World War II as accidents rather suddenly appeared to become a major national problem.

First, safety became perceived as depending more precisely on psychological factors that could be controlled by education. Then authoritative writers, often now from public health disciplines, tended increasingly to go beyond education and to respond to the problem of safety with engineering solutions. These engi-

neering strategies—symbolized by what came to be called “childproofing”—not only played down attempts to change the behavior of caregivers as a means to reduce the incidence of unintentional injuries; engineering came to mean control by changing the design of purchased goods that would come into a child’s environment.⁴

Types of Evidence

This paper therefore traces in American public discourse shifts in ideas about who was making mistakes that brought injuries to small children. The discourse consisted of statements by opinion leaders and professionals—those concerned about what would later be called “how to manage the child’s body.”⁵ These printed sources reveal changes in unstated as well as explicit assumptions.⁶

It is only fair to note that, contrary to common sense, extremely little material about accidents appeared in many places where it might reasonably be expected. Magazines dealing with technological innovation, for example, tended to suppress discussions of possible accidental injury.⁷ Nor did the subject come up in publications dealing with infants and toddlers, such as the mid-twentieth-century *Parents’ Magazine*, which included hardly any allusions to the safety of young children.⁸

The law, which had always recognized negligence, holding parents responsible for the “care and protection” of children, at times in the nineteenth century did begin to reflect some change in public discourse. Where once the child was considered property of the parents, the child in a later period was believed to belong to him or herself, in care of the parents, and the parents were now held responsible with increasing strictness for the well being of the child.⁹

In the end, however, legal standards offer little guidance in questions of responsibility.¹⁰ Courts tended to invoke the standard of what a reasonably prudent parent would do—and so threw the law back onto contemporary popular standards of parental responsibility, without describing them.¹¹ Since jury decisions produced no pattern, either, the historian in the end has to turn away from the law and depend upon other conventional indicators of cultural standards.

Finally, historians, it turns out, have been singularly inattentive to the responsibility of family and community for the physical well being of infants and toddlers.¹² What follows, then, is a frankly pioneering synthesis of surviving evidence, with special attention, first, to a persisting rhetoric and, then, to the transformations of the middle and late twentieth century.

Early Conceptions of Private, Unavoidable Accidents

Many generations of Americans after 1607 dealt, in everyday living, with a high incidence of danger and injury. Before the nineteenth century, presumably in a premodern age, historians have found that people tended to accept with relative resignation the tragic deaths of little children. Parents—at least middle-class parents—cared and mourned, but they tried to accept. Cotton Mather suggested his agony and his concern with responsibility by recording after an accident that “the just God throwes my Child into the Fire!” A seventeenth-

century father wrote in his diary after his six-week-old son had been “overlaid” (smothered in bed): “The Lord gave, & ye Lord hath taken away”¹³

Whatever their apparent resignation, over many generations, and well into the nineteenth century, parents normally acted in a protective manner, keeping very small children near them. Parents typically attempted to swaddle babies so they could not move, and infants were dressed in long petticoats so that they could not crawl. Toddlers sometimes wore rolls of cloth around their heads so they would not get hurt when they fell. From the late eighteenth century into the nineteenth, however, small children were given more and more freedom, suggesting that close supervision was to some extent replacing more direct constraint. Moreover, when advisors on child rearing in the early national period discussed responsibility for infants and toddlers, they reflected ideas about ways to control the children, essentially modernist ideas that eventually replaced the earlier attitudes of resignation.¹⁴

Later Advice for Private-Sphere Parents

As the nineteenth century progressed, writers on proper upbringing reinforced beliefs common by then, such as the separate sphere of the mother and the innocence of the baby. Moreover, they continued to believe that child rearing took place in the private sphere of the home. In this context, writers emphasized how responsible a mother was for the moral as well as physical well being of the children placed in her care. Indeed, the authors of pre-1900 prescriptive books devoted much more attention to character formation than to physical well being. Writers on the care of children nevertheless did consistently express enormous concern about health, physical development, and disease, a concern more than justified by the death rates of infants and small children, one half or one third of whom perished from infectious and other diseases. In this context of preoccupation with morals and illness, accidents were a minor concern indeed. In those days, as a later health official recalled, “there was only a brief shaking of the head over a 10-year-old boy drowning in the old mill pond, for the biggest worry was that four or five of his friends had died from diphtheria or his mother was dying of consumption. . . .”¹⁵

Historians of childhood have remarked on the way in which the child became an increasingly sentimental object for the parents (and especially the mother) as they could expect, or at least hope, that a child would survive. Consistent with this trend, writers offering child rearing advice in the decades before and after 1900 increasingly frequently tried to move attention in upbringing to the child’s motives and to the role in children’s lives of emotions, particularly love, and away from the parents’ authority and the children’s behavior—behavior that would have included actions that precipitated injuries.¹⁶

Another reason that nineteenth- and even early twentieth-century writers concentrated on illness rather than accident was their belief, or at least their hope, that by following either health advice or curative prescriptions, disease was controllable. Accidents were not. This belief, that infectious disease was controllable, intensified with the coming of the germ theory of disease late in the nineteenth century. In 1897, for example, Frances Fisher Wood, writing

on *Infancy and Childhood*, devoted most of the book to infectious disease, with some attention to moral development (including a chapter on nursemaids). Her only mention of safety was to allude incidentally to commonsense design in the nursery: "Windows should be guarded by strong bars, stairways protected by swinging gates, the open fire shielded by a screen. . . ."¹⁷

It should be emphasized how rare was such an allusion to child safety. As late as 1914, Dorothy Canfield Fisher, in a very popular book on child rearing, actually made fun of undue safety precautions in the home. Yet at the same time, in other passages, she spoke with concern about the importance of religiously following the doctor's orders concerning children's health and disease.¹⁸

As far as safety was concerned, then, advice writers who mentioned it assumed that mothers were responsible for safety arrangements and supervision of the very young in the home. Only some years after the turn of the twentieth century, when child study groups and official agencies became involved, did the safety as well as the health of children become a public as well as a private matter. And then safety crusaders had to contend with the persisting non-modernist folklore of accidents, which held that injuries were uncontrollable acts of God—even when small children were hurt—and the common belief that "things just happen."¹⁹

Safety Becomes a Public Concern

It was well into the Progressive era before leaders of voluntary and official organizations, including those of the safety movement, took up the problem of youngsters' lives cut short by "unnatural" and unexpected events and made children's accidents a public concern. But ultimately these public efforts had effects, and formal safety campaigns did become important in American life. Viviana Zelizer points out, for example, that, presumably because of safety education programs of the 1910s and 1920s, the number of children who died in traffic accidents in that period declined dramatically.²⁰

But children who hitched rides on streetcars and were then crushed beneath them were older children—children who were outside the home. The innocent babe and trusting toddler who increasingly made up accident statistics presented another kind of problem. Two trends therefore appeared in public discourse: rising safety standards and blaming Mom.

It is now clear that safety standards to which families were held in the public arena became, in general, stricter. Two examples, a century apart, suggest the change that slowly took place. In 1857, a court decision had justified the custom of having youngsters tend their very young brothers and sisters in an at-best imperfect world: "We cannot hold, as a matter of law, that every time a child steps into the street unattended, the mother is guilty of negligence. . . ." In 1960, when much harsher standards existed, the official report of a White House conference on children and youth stipulated that when a child first begins to be exposed to dangers such as "moving vehicles, fire, sharp instruments, and other hazards. . . his [sic] parents are totally responsible for his protection against accidental injury of whatever nature."²¹ In those cases, as Joel Tarr and Mark Tebeau suggest, Americans, at least those who spoke up,

suggested ever more frequently that within the home a caregiver was responsible. So it came to be that mothers were the typical objects of comment.²²

Another group on whom some responsibility fell for the safety of the very young was physicians, a group expanding their authority in turn-of-the-century American society and a group the members of which did speak out occasionally. Physicians appeared in two roles: as public health officials, about which more needs to be said, and as individual counselors to the private families who were their patients.

The presumed counsel of the stereotypical, intrusive "family doctor" of course varied over time. Around the turn of the century, for example, writers emphasized preventing the spread of germs. By 1927, according to one expert, a child's parents should have expected of their doctor (1) instruction as to diet, (2) protection through immunization, and (3) advice on the emotional life of the child. It was only after World War II that in medical writings the physician finally appeared as educator of individual families on the subject of accidents: "The physician must assume a dominant role in this campaign of education. . . . The doctor must become accident-conscious . . . as he talks with parents in his office and in their homes." Impersonal injunctions in medical journals in the postwar years carried the same message: " . . . parents should be made more conscious of the potential death of their own children. . . ." Parents must be taught, noted a Palo Alto pediatrician; "Who is to do this instructing? . . . The role of the pediatrician should be a leading one. He [sic] is the one to give definite instruction to the mother on how to prevent fatal and disabling child accidents. . . ."²³

The Gendered Rhetoric of Responsibility

Tarr and Tebeau have elucidated the way in which in the United States "the home" increasingly became a focus for campaigns to prevent accidents. They have shown that, as technological changes became more pervasive, leaders of the formal twentieth-century safety organizations began, however reluctantly, to include the "home" as a site for safety programs. They show further that in public discourse the use of the term *home* in home safety and home accidents was particularly the product of official organizations. In the safety movement, the original focus was accidents in the workplace. Only later did the leaders of the dominant safety group, the National Safety Council (NSC), conceptualize the category of the home as parallel to the category of the workplace.²⁴ In fact, not until well into the 1930s did the NSC even attempt to launch a major home safety movement.

In general when safety writers finally spoke of the home, they were not anthropomorphizing the home. Rather, they were referring to the parents or the home-maker. As Tarr and Tebeau make clear, in the gendered world of the nineteenth century, mothers increasingly were held responsible for "the home," which included the health and well being of their children.²⁵ And still in the first half of the twentieth century, the rhetoric of responsibility either directly or indirectly continued to focus on parents/caregivers who were ignorant or negligent.

The rhetoric took two major forms, the passive voice in which the agent was

only implied, or statements naming parents as such or "the home." But in both of these types of expression, language usually showed the primary role of the mother. In 1922, Ida Tarbell put the matter plainly:

By analyzing some of the accidents to children, the mother's responsibility is clear enough. None but she could have prevented them. Who else can keep a child from falling from a window, from pulling over a vessel of boiling water?

And in 1948, a safety writer again spelled out the customary belief that mothers were to blame: "Recognizing that responsibility for four-fifths of the accidents to children under four years lies squarely at the door of adults, . . . a new project was inaugurated, designed to make the mother aware of the hazards that confront her child. . . ."²⁶

Assumptions about responsibility did not differ between the technical literature and that aimed at lay audiences except that physicians tended to speak more astringently than many writers in the popular literature. A Rochester physician in 1936, for example, spoke of "carelessness on the part of some adult." In 1956, an Alabama M.D. blamed "abject parental carelessness."²⁷

Nor, throughout the twentieth century, did the forms of the rhetoric change noticeably. Expressions of responsibility, while not usually as direct as Tarbell's or the doctors', all still pointed in the same direction. The injunctions in prescriptive writings continued to reveal who the target was, as in "Teach your children to put away playthings . . ." (1941). Or "When baby begins to crawl or toddle, keep her out of the kitchen when you are cooking, because it is hard to keep an eye on her" (1944). And many times the illustrations accompanying vague injunctions simply showed pictures of a person who was obviously the mother. The indirect injunction was similar: "Tots should never play unwatched in or near water . . ." (1946). "For child safety, give protection and education in proportions suitable to the stage of the child's development. . . . Protection means making living safe for the child" (1954).²⁸

As Tarr and Tebeau observe, the more specific targeting of "the mother" for blame is complicated. Roland Marchand, for example, suggests other dimensions of the literature on the role of mothers in mainstream American thinking as he notes that advertisers in the 1920s and 1930s, as they attempted to sell goods, exploited not just the parental but specifically the maternal sense of responsibility (or gendered guilt). So in the safety and other professional literature, this general tendency to blame Mom put on her the responsibility for both home and childhood accidents as well as the psychological complexes of her kids. A safety official in 1930 noted routinely that "Obviously, the first safety job of the mother is to teach safety to her children, and possibly also to her husband." In assigning the task of safety for the very young child, "Who Else?" asked a writer for the National Safety Council in 1952, in an article that answered the question with pictures of mothers. Although assigning blame rather than just general responsibility to mothers was usually undertaken indirectly, occasionally professionals expressed their assumptions more bluntly. In discussing the ghastly accident of lye poisoning in 1948, one physician said simply, "The mothers work, and the children have access to lye."²⁹

A First Shift Away from Blaming Mom: Public Health

During the middle of the twentieth century, a series of developments signaled a shift in both the level of concern and the focus of responsibility. Already by the end of World War II, accidents were decisively the leading cause of death among children, and the rate of accidental death among youngsters ages one to four years declined only slightly (13% between 1930 and 1945) while all other rates plunged—tuberculosis down 61%, gastrointestinal afflictions down 91%.³⁰

Particularly after World War II, writers used the term “parents” to fix responsibility explicitly, a change that recognized the growing role of fathers in child rearing.³¹ Children’s safety, wrote Donald B. Armstrong of the Metropolitan Life Insurance Company, sounding an alarm about accidents in 1948, “is, ultimately, the parents’ responsibility.” And the same type of phrasing appeared consistently in a variety of postwar sources. “As parents, we must be constantly alert to the possibility of accidental injury” (1949). “Of 27 infants who developed intoxication from vitamin A, 25 received the toxic dose through vitamin supplements from the hands of their parents, eager to provide an excess of anything they believed to promote health” (1958). Most children suffering mammal bites were between two and ten years old; “these are the years during which parental protection wanes . . . ” (1958). And after a review of tragic accidents: “This bloody parade of crushed-in skulls, . . . obliterated faces, eviscerated abdomens, of shattered, twisted and dismembered bodies will stop only when parents finally realize that they—and they alone—can call a halt to the carnage” (1948).³²

And, again within a few years after World War II, prescriptive and professional writings began to contain a still more marked sign of the broadening of responsibility with the introduction of the more general term, “caregiver,” which to some extent tended to deflect blame away from mothers. Numerous articles appeared, for example, that emphasized training babysitters in safety. Indeed, in the 1950s there were studies of just which caregiver was responsible in specific cases of accidental injuries; in one series, the mother was the direct supervisor in only 50.5 per cent of the cases.³³

At about the same time, in the midcentury period, all of the programming and rhetoric of responsibility and blame for presumably preventable accidents to young children began slowly to change even further—beyond expanding the focus from mothers to other caregivers. Now professionals (beyond the “family doctor” noted above) here and there began to look at new approaches to prevention.

One of the factors that fed into the change was the growing involvement of public health officials in accident prevention. This new professional interest slowly began to enter accident prevention efforts after the first third of the twentieth century as physicians and public health workers gradually became aware of the change noted above, that non-occupational accidents were becoming a major cause of deaths—particularly childhood deaths. In addition to more frequently contributing to the safety movement as such, these public health professionals began their own work to reduce injuries, and after World War II they made safety a part of public health, for example attempting to add safety instruction to the duties of public health nurses.³⁴

As they discussed accidents, public health professionals inevitably brought in their own point of view. As might be expected, they identified causes to be eliminated. And particularly they applied to injuries approaches from standard epidemiology. They also emphasized education, the then-current public health approach. Warned one worker concerned with the classic public health element of motivation:

The presence of young children in the home, with their constant demand for attention, often results in physical fatigue and emotional strain in the adults of the household. In none of the educational material or in direct work with parents should there be any hint of blaming the parents. Only by first giving parents support in their difficulties will they become receptive to further ideas.³⁵

The Psychological Era

In attempting to apply the idea of education to very young children and their parents, pediatrician Harry F. Dietrich of Los Angeles in 1952 used a chart to show how a baby had to have total safety protection furnished by someone else, but how, further, by the time a child went off to school at age six, he or she had to depend on a substantial amount of safety education—all done by the parents but presumably informed by medical personnel: "The runabout child must gain some concept of heat, pain, gravity and nonedibility. He should have sufficient experience (staged if necessary) to learn that water, in large amounts, is not pleasant in the respiratory passage." But clearly education was not enough, Dietrich continued; in addition, "there must be physical, or effective disciplinary barriers, to flames, streets, poisons, electricity, machinery and pools"—protections furnished, again, by the instructed parents.³⁶

The emphasis on education in both the safety movement and public health accident prevention came at just the time when child rearing advisors in general emphasized education and environment and intensified attention to the parents' responsibility for the psychological well being of the small child—all, still, with hardly a word from these child rearing experts about physical safety or preventing accidents. Instead, parents were instructed on how to handle children's fears of injuries; indeed, parents were warned not to be "overprotective."³⁷

Even in the specialized literatures that did include safety, professionals tended to express concern about the psychological causes of accidents. The most dramatic example of the 1940s and 1950s was the popularization of the concept of the accident-prone child. "Accident prone" developed out of classic public health epidemiology, which generated data indicating that an identifiable population group produced a large percentage of all accidents. Safety workers confronting the very young "accident repeaters"—or any other victim of an injury to which psychological factors had contributed—therefore were able to blame the victim and to offer a corrective, namely, psychological treatment to prevent accidents, if direct education did not work. Once again, in the psychological approach, too, the responsibility lay on the parents, not this time for neglect and carelessness, but for fostering psychological damage that in some way led to an injury.³⁸

Engineering Safety

Just at the time that the psychological approach to accidents peaked, with an emphasis on parental responsibility for failing to prevent accidents through either physical or psychological measures, elements in the safety movement began to move to a new approach. Here and there, the means for preventing—and distributing responsibility for—unintended injuries began to change.

Over a long period of time—several decades—safety authorities, particularly, shifted their emphasis from education and control of children to engineering the youngsters' physical environments. Engineering was, of course, another way of controlling fate—but this time through involuntary as opposed to voluntary means. (The differences in approaches can be illustrated by the problem of preventing slipping on a loose rug—one can warn people to be careful in walking on rugs, one can educate people to use engineering voluntarily by tacking down the rug, or the manufacturer can produce rugs with non-skid rubberized backing so that safety is produced “automatically.”)

One factor in the shift to engineering was uncertainty about the effectiveness of education. In 1956, a student of accidents noted that “the law of diminishing returns” had set in for traditional approaches to safety. With increasing frequency during the second half of the twentieth century, such experts—while forced to admit the effectiveness of education, especially in local situations in which safety campaigns worked at least for a time—came to ask for new approaches to preventing injuries.³⁹

Ultimately these new approaches emphasized technological fixes.⁴⁰ Engineering had always existed in the form of some attempts to protect very young children, as in one form or another of the playpen. In the case, for example, of gates placed at the top of stairs to keep toddlers from dangerous falls—a commonly used gadget by the mid-twentieth century—the device constituted engineering and was involuntary on the part of the child, although the gate had to be put in place by the voluntary actions of the caregiver. Safety experts had long attempted to differentiate possible prevention strategies, and they used such terms as physical, structural, and environmental to conceptualize causes of accidents that did not refer to the actions of the child but rather the way the injury occurred. There was concern, for example, to make sure that a youngster could not open the door of an automobile in motion. One writer, as early as 1937, advocated making the home and yard “a safety zone,” with latches set above a toddler’s reach and poisons and “small, detachable” articles such as beans, nut-shells, buttons, and nails kept out of the little ones’ grasp. In the leading postwar child advice book, *Baby and Child Care*, the author, Benjamin Spock, even in the midst of much psychologizing, suggested in both the 1946 and 1957 editions arranging the house safely for the one-year-old by installing latches and guarding matches, poisons, and electric outlets: “a great majority of serious accidents can be easily prevented if you know where the common dangers lie and are sensible in avoiding them.”⁴¹

These types of concerns and solutions coexisted in the accident control literature with educational programs to change behavior. Even in the educational programs, mothers were supposed to be trained to become “safety engineers,” as

Tarr and Tebeau note. But that could mean, too, that the mother's responsibility was extended into a further dimension: in a world of purchased artifacts, she was expected to make up for design and construction errors.⁴²

The marked emphasis in the late twentieth century on engineering came, however, in substantial part from a new generation of public health workers' contributions to the general safety movement. Traditionally, the new approach grew out of the belief that a safe car could be designed. In that car, occupants would not be hurt, regardless of the stupidity of the driver. The idea was, as a recent account put it, "to shift injury prevention away from an early, naive preoccupation with distributing educational pamphlets and posters and toward modifying the environment in which injuries occur." And as two public health workers wrote in an official 1979 Surgeon General's report, "Efforts to modify individual behavior will surely continue, but caution is necessary lest more successful approaches be underutilized—especially 'passive' approaches (such as electric fuses and fire-resistant materials) that give automatic protection without requiring any special action on the part of the people who are protected."⁴³

Putting Engineering Approaches into Place

Within youngsters' environments, the perceived dramatic increase in the number of small children in the United States in the post-World War II period was particularly effective in stimulating a shift in the focus of safety efforts from personal supervision to physical changes in the youngsters' environments. It meant not only diffusion of responsibility from "the mother" to all adults in the world of babysitters and complex families; there was a practical recognition that children, especially in multi-child families, could not be watched all the time. The sequence of conclusions is illustrated by a 1953 editorial in the *Journal of Pediatrics* concerning poisoning accidents in children ages one to four:

Who is responsible? What can be done to prevent these unnecessary deaths? Direct responsibility lies with the parents of the runabout child who, as a normal phase of his development, learns by exploring and investigating at this age. But the blame cannot be placed entirely on their shoulders. An element of blame in some instances rests squarely on the physician who fails to warn parents that such ordinarily nondangerous drugs as aspirin and ferrous sulfate may cause fatal poisoning if accidentally taken in quantity by a young child. Another element rests on the manufacturers of these drugs which are sold without prescription over the counter....⁴⁴

It is easy to see here the progression of responsibility from a traditional focus on the parents and the knowledgeable professionals to a new set of actors, manufacturers and distributors. In this early phase of engineering, it was not yet a fully developed approach: the editorialist wanted manufacturers only to warn purchasers of medicines and insecticides. But within a few years—the end of the 1950s and the 1960s—came one of the triumphs of the engineering approach: the introduction by aspirin manufacturers of safety containers that children could not easily open to get at the new candy-flavored pills. This safety device had dramatic effects in reducing poisoning fatalities among very young children—

without having to educate or warn anyone.⁴⁵ It was the exemplar technological fix in saving the lives of very young children.

In the last decades of the twentieth century, then, child rearing advisors more and more frequently wrote about the importance of providing a safe physical environment. And the shift from the parents' moral and psychological responsibility for their very small children to charging other social agents to change the physical environment of the baby and preschooler brought with it a further softening of relentlessly holding Mother accountable for children's injuries.⁴⁶

Shifting Blame Away from "The Home"

The final phase, no doubt appropriate for a consumer society, was moving the focus of safety efforts to the purchased elements in the small child's environment. This effort began to reach full development in the report of the National Commission on Product Safety in 1970. After rehearsing the tens of thousands of Americans killed and untold more injured in a single year, the members of the Commission noted that "Most of these casualties are associated with consumer products." The Commission's solution therefore was an engineering solution: to persuade or cajole or force suppliers of consumer goods to reduce the hazards in their products. Although adults were included, much of the effective concern focused on items that went into the environments of small children. Toys and car seats, for example, were both the objects of legislation.⁴⁷

While supervision of the little ones necessarily continued to be a concern, nevertheless a generation of Americans turned also to engineering and asked producers of items in the babies' and toddlers' world to share responsibility with "the caregiver." The ultimate formulation of professionals' concern with safety, as it was expressed in an authoritative 1985 statement, was to *persuade* people to change their behaviors, to *require* changed behavior (for example laws compelling the use of seat belts), and to "provide automatic protection." Or, as the author of a later textbook presented it, "... control of accidents is heavily dependent on parents' awareness of potential hazards and their behavior as a result." But then he went on to say that the parents could use "child-resistant cabinet doors" and in general fit out the child's environment to include padding and fencing but not protrusions. In addition, he continued, legislation could make environments and products safe, with temperature limits on hot water heaters and "control knobs on stoves ... out of children's reach." Altogether, automatic protection, that is, engineering, dominated the safety efforts of that period—even though everyone agreed that educational measures had to be continued as well.⁴⁸

The very language reflected these changes. The original safety and other professional literature emphasized that "accidents are preventable." Instead of seeing that the slogan was an oxymoron, Americans who were writing about accidents (by definition unforeseeable) believed that some person could prevent them.⁴⁹ Beginning in the post-World War II era, many safety workers attempted to shift to the neutral term, "injuries," which implied no particular cause and no particular responsibility but instead focused on objects and forces that caused damage.⁵⁰ Those objects and forces could be better dealt with by engineering things than by trying to influence people.

For the engineering emphasis in the safety of preschool children and babies, the term "childproof," as both an adjective and a verb, entered the language in the 1950s. Sometimes in the form of "kidproof," and originally, possibly, "babyproof," the expression was present in public discourse by the end of the decade.⁵¹ "Childproofing" came to refer not only to the actions of responsible caregivers but to the design of consumer goods that entered into the worlds of the babies and preschoolers.

The term "childproofing" epitomized the ways in which Americans who wrote about preventing injuries to little children were shifting their ideas of responsibility and control. It was this shift that was reflected in lawsuits against producers of consumer goods and in a public discourse that included little about unpredictability or risk and much about who should be blamed.

Engineering and Late Twentieth-Century Social Arrangements

Ideas about why infants and toddlers were injured of course drew on other ideas in the mass and professional media. The idea of educating parents flourished at a time when images of the stereotypical home and family dominated information sources. Likewise, engineering solutions dominated during later decades exactly when technological solutions seemed to many Americans to be effective (and when the conventional family began to seem less secure).

Yet at the end of the twentieth century, the future of attempts to "prevent accidents" was not at all clear. Babies and toddlers were better protected against injuries than they had been earlier—suggesting that modernist ideas of prevention and control had some validity. Nevertheless, there was in public discourse a current of emphasis on individual responsibility, as in blaming drivers of cars and owners of guns for accidents. Were children the only ones who were going to be protected by removing dangers from their environments?

Still another current was the increasing recognition, if not acceptance, of diversity in families at the same time that family responsibility was also the object of much public discussion.⁵² It was unclear that manufacturers were going to continue to replace mothers or parents or caregivers as those to blame for tragic injuries. Except when attempting to comfort bereaved relatives, few people, in public, were willing to admit that everyone, even the most helpless children, lived in danger of what humans could not foresee and that every technological advantage brought with it some measure of risk. Yet who would have denied the belief, still underlined by tragedies, that safety, even if unattainable in any absolute sense, was worth pursuing? And particularly for infants and toddlers?

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ENDNOTES

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1. *Youngstown Vindicator*, April 6, 1933. One recent summary of damage suits in a context of a shift from modernism is found in Albert Borgmann, *Crossing the Postmodern Divide* (Chicago, 1992).
2. It would be inappropriate to enter here into any discussion of modernization; the main arguments are well known.
3. Robert D. Semsch, "Acute Poisonings in Children," *Minnesota Medicine* 37 (1954): 862. Paul V. Joliet and Eugene L. Lehr, "Home Safety," in *Accident Prevention: The Role of Physicians and Public Health Workers*, ed. Maxwell N. Halsey (New York, 1961), p. 96, spelled out the problem: "The high home accident rate which applies to children stems in large measure from their lack of experience and knowledge and their inability to recognize danger. Adequate adult supervision is sometimes lacking, and adults often fail to anticipate and make preparations for those actions and interests of children which have accident potential. Another factor is that very young children are unable to move out of the path of danger." It should be clear that the present discussion involves only limited groups in American culture and does not have comparatives such as would be suggested by James Belote and Linda S. Belote, "Suffer the Little Children: Death, Autonomy, and Responsibility in a Changing 'Low Technology' Environment," *Science, Technology, & Human Values* 9 (1984): 35-48.
4. Deliberate abuse was another very late-twentieth-century public concern and is not covered in the present paper. That special and modish subject is discussed by innumerable authors; see, for example, Joel Best, *Threatened Children: Rhetoric and Concern about Child-Victims* (Chicago, 1990). But even in that area, federal government initiatives with intervention, prevention, and screening programs and the enactment of child abuse laws all still aimed at control. See, for example, *Early Childhood Education, Special Environmental, Policy, and Legal Considerations*, ed. Elizabeth M. Goetz and K. Eileen Allen (Rockville, MD, 1983), pp. 128-129.
5. The concern expressed by Jay Mechling, "Advice to Historians on Advice to Mothers," *Journal of Social History* 9 (1975): 44-63, that prescriptive literature did not reflect practice among the general population is at best controversial; for example, Richard Alan Meckel, "The Awful Responsibility of Motherhood: American Health Reform and the Prevention of Infant and Child Mortality Before 1913" (Ph.D. dissertation, University of Michigan, 1980), pp. 135-136, points out that leadership ideas reflect real social changes; see, similarly, Michael Zuckerman, "Dr. Spock: The Confidence Man," in *The Family in History*, ed. Charles E. Rosenberg (Philadelphia, 1975), pp. 179-181. In any event, the concern in the present paper is to establish as a first step major shifts in opinion among leadership and professional groups, members of which were articulate. See the comments of Reinhard Spree, "Shaping the Child's Personality: Medical Advice on Child-Rearing from the Late Eighteenth to the Early Twentieth Century in Germany," *Social History of Medicine* 5 (1992): 317-318.
6. That published record contained relatively few explicit or even indirect statements—particularly before the appearance of the formal safety movement in the early twentieth century. After that, the popular writings dealing with this subject often derived from formal safety organizations.
7. Based in part on a sample from *Industrial Arts Index*, which showed an increase of articles on safety, and a sample from the twentieth-century shop/technology journals, *Popular Science* and *Popular Mechanics*, both of which showed a long-term decrease in material about safety of any kind. What safety material there was in these magazines reflected a change that will be noted below: the emphasis on education gave way to an emphasis on commercial gadgets such as alarm systems.

8. As I shall note again, I am not listing the very large number of sources that were examined and found to offer no mention or evidence of concern about the accidental injury of very young children.
9. Michael Grossberg, *Governing the Hearth: Law and the Family in Nineteenth-Century America* (Chapel Hill, 1985), especially pp. 281–282. *Children and Youth in America: A Documentary History*, ed. Robert Bremner et al. (Cambridge, MA, 1971–1974), vols. II and III. Mary Jo Bane, *Here to Stay: American Families in the Twentieth Century* (New York, 1976), pp. 99–104. Mary Ann Mason, *From Father's Property to Children's Rights: The History of Child Custody in the United States* (New York, 1994). C. Henry Kempe, "Child Abuse and Neglect," in *Raising Children in Modern America: Problems and Solutions*, ed. Nathan B. Talbot (Boston, 1976), pp. 173–174. Although concerned with older children, Joseph M. Hawes, *The Children's Rights Movement: A History of Advocacy and Protection* (Boston, 1991), summarizes much literature and provides some general background.
10. It is true that in the late nineteenth century, American courts formally began to hold that a child could not sue his or her parents for injuries, including injuries caused by negligent care ("parental immunity"). Over several decades, courts and legislatures in different jurisdictions tended to confirm this limit to the responsibility of parents but—at the same time, through modifications, in the interest of protecting the young—slowly began to reinforce other signs that society was holding parents increasingly accountable for the physical care of their children. Beginning in 1963, this accountability appeared (deceptively in part) to escalate as the doctrine that a parent was immune from a suit by an injured child eroded rapidly as a result of both legislation and changed legal precedent. See, for example, out of a large body of legal commentary, Kirk A. Schmidtman, "The Demise of Parent-Child Tort Immunity," *Willamette Law Journal* 12 (1976): 605–622, especially 620–621; and Isabel Wingerter, "Parent-Child Tort Immunity," *Louisiana Law Review* 50 (1990): 1131–1142. Martin J. Rooney and Colleen M. Rooney, "Parental Tort Immunity: Spare the Liability, Spoil the Parent," *New England Law Review* 25 (1991): 1161–1184. "The Continuing Erosion of Parental Immunity," *University of Toledo Law Review* 1 (1969); especially 192; Teresa Snodgrass, "Parental Immunity Doctrine," *Journal of Juvenile Law* 10 (1989): 251–289, especially 251.
11. Most cases in fact involved older children (up to age 20). Moreover, increasingly the willingness of the legal system to let a child sue a parent for negligence grew out of, not the sentiment to hold parents responsible, so much as the fact that technically negligent parents very often in the later twentieth century carried liability insurance, and a suit in the name of the child would permit the family to recover medical and other costs. See previous two notes and also such articles as Frederick W. Grimm, "Tort—Parental Immunity—*Merrick v. Sutterlin*, 93 Wn. 2d 411, 610 P.2nd 891 (1980)," *Washington Law Review* 56 (1981): 319–340, especially 334–339; Scott Thomas Schreiber, "The Unsupervised Child: Parental Negligence or Necessity?" *Valparaiso University Law Review* 15 (1980): 167–200.
12. It is particularly worthy of note that (as far as I can determine) women's historians dealing with the changing roles of mothers have not discussed the problem of physical safety of babies and toddlers; the closest approach so far is Sylvia D. Hoffert, *Private Matters: American Attitudes Toward Childbearing and Infant Nurture in the Urban North, 1800–1860* (Urbana, 1989), who focused on medical care but at least took up the question of the responsibility laid on the mothers.
13. Meckel, "The Awful Responsibility of Motherhood;" a later version is Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality* (Baltimore, 1990). Edward Shorter, "Maternal Sentiment and Death in Childbirth: A New Agenda for Psycho-Medical History," in *The Medicine Show: Patients, Physicians and the Perplexities of the Health Revolution in Modern Society*, ed. Patricia Branca (New York, 1977), pp. 67–68. Nancy Schrom Dye and Daniel Blake Smith, "Mother Love and Infant Death," *Journal of American History* 73 (1986): 329–353; the quote is from 332. Linda A.

Pollock, *Forgotten Children: Parent-Child Relations from 1500 to 1900* (Cambridge, 1983), especially pp. 96–142, 147; the quotation is from 135.

14. The foregoing two paragraphs represent a summary of sometimes conflicting accounts; see previous note and Karin Calvert, *Children in the House: The Material Culture of Early Childhood, 1600–1900* (Boston, 1992). Shulamith Shahar, "Infants, Infant Care, and Attitudes Toward Infancy in the Medieval Lives of Saints," *Journal of Psychohistory* 10 (1983): 292–295, provides one of the few considerations of early childhood accidents; early documents suggest that parents and other caregivers were traditionally held accountable (although possibly with forgiveness) for accidental injuries of the very young. A further review is in Avner Giladi, "Infants, Children, and Death in Medieval Muslim Society: Some Preliminary Observations," *Social History of Medicine* 3 (1990): 346–350. Peter C. Hoffer and N. E. H. Hull, *Murdering Mothers: Infanticide in England and New England, 1558–1803* (New York, 1981), especially pp. 81–85. Alice Ryerson, "Medical Advice on Child Rearing, 1550–1900," *Harvard Educational Review* 31 (1961): 303–323, was an early pilot study.
15. For a general background, see such works as Carl N. Degler, *At Odds: Women and the Family in America from the Revolution to the Present* (New York, 1980), chap. IV. The emphasis on moral training is explained in Jan Lewis, "Mother's Love: The Construction of an Emotion in Nineteenth-Century America," in *Social History and Issues in Human Consciousness: Some Interdisciplinary Connections*, ed. Andrew E. Barnes and Peter N. Stearns (New York, 1989), pp. 209–229. Sally G. McMillen, *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing* (Baton Rouge, 1990), pp. 141–154, for example, gives an instance of a wife whom the husband held responsible when a daughter was fatally burned, but real general concern at the time focused on such matters as the way in which teething predisposed infants to deadly disease. Janice Westaby, "Public Health Aspects of Home Accident Prevention," *National Safety Council Transactions* (1955): Section 12, pp. 34–35. And see note 10. The general background is described in part in Charles R. King, *Children's Health in America: A History* (New York, 1993), who correctly emphasizes concern with health.
16. The present work is based on American materials, particularly in the more recent period, and does not include directly the literature discussed in Stephen Wilson, "The Myth of Motherhood a Myth: The Historical View of European Child-Rearing," *Social History* 9 (1984): 181–198, in which the issue is the intention and even attitude of parents, which is different from the social questions of responsibility. Standard accounts of prescriptive child rearing literature, albeit accounts with only tangential focuses, include Martha Wolfenstein, "Trends in Infant Care," *American Journal of Orthopsychiatry* 23 (1953): 120–130; Grace Langdon and Irving W. Stout, *The Discipline of Well-Adjusted Children* (New York, 1952), pp. 3–47, especially p. 46. In general, safety, much less responsibility for it, is not a category of inquiry in such works; see, for example, Celia B. Stendler, "Sixty Years of Child Training Practices, Revolution in the Nursery," *Journal of Pediatrics* 36 (1950): 122–134; *Children in Time and Place: Developmental and Historical Insights*, ed. Glen H. Elder, Jr., John Modell, and Ross D. Parke (Cambridge, 1993). Sheila M. Rothman, *Women's Proper Place: A History of Changing Ideals and Practices, 1870 to the Present* (New York, 1978), who discusses women's responsibilities as mothers, reflects the primary sources in emphasizing the children's morals, psychological well being, and health; safety was not a concern. Tamara Hareven, "Modernization and Family History: Perspectives on Social Change," *Signs* 2 (1976): 190–206, provides general context for considering the impact of modernization on the changing family but does not touch on the specific theme of responsibility and very young children.
17. Frances Fisher Wood, *Infancy and Childhood* (New York, 1897), especially pp. 134, 140. Roger Cooter, "Introduction," in *In the Name of the Child: Health and Welfare, 1880–1940*, ed. Roger Cooter (London, 1992), p. 3, also comments on this curious disproportion.

18. Writers on child care tended, when the category of accidents was actually mentioned, to follow the general approach of clinical medicine, that is, to emphasize cure rather than prevention and to include first aid measures rather than safety measures; see, for example, S. J. Donaldson, *A Decalogue for the Nursery* (Boston, 1886), pp. 212–216. This convention of focusing on after-the-fact first aid continued in advice literature through the twentieth century. Dorothy Canfield Fisher, *Mothers and Children* (New York, 1914), pp. 120–121. English writers' ideas, often drawn on by literate Americans, closely paralleled those of American advice-givers; see, for example, Patricia Branca, *Silent Sisterhood: Middle Class Women in the Victorian Home* (Pittsburgh, 1975), especially chapters 4–6; Cooter, *In the Name of the Child*, suggests instances in which the influence also went the other way across the Atlantic. I have not cited the many child rearing manuals that did not discuss accidents or responsibility for them.
19. See notes 9 and 10 and Sylvia D. Hoffert, "'A Very Peculiar Sorrow': Attitudes Toward Infant Death in the Urban Northeast, 1800–1860," *American Quarterly* 39 (1987): 601–616. See, for example, *The Mother's Rule; Or, The Right Way and the Wrong Way*, ed. T. S. Arthur (Philadelphia, 1860), pp. 299–300. And see in general Anne L. Kuhn, *The Mother's Role in Childhood Education: New England Concepts, 1830–1860* (New Haven, 1947), especially pp. 144, 169–170; and King, *Children's Health in America*, especially pp. 119–121, 127–142. A good example of early twentieth-century thinking was George B. Mangold, *Problems of Child Welfare* (New York, 1914), especially p. 10; he mentions the obligation of society to see that a helpless infant has "proper care," but his preoccupation in the parts of the book concerning preservation of children's lives is overwhelmingly with diseases and particularly infectious diseases. (The second edition, 1924, does not change in orientation.) An interesting transitional example is Harold C. Stuart, *Healthy Childhood: Guidance for Physical Care* (New York, 1933), which has—almost uniquely—an entire chapter on "Accidents" (not safety), in which the few preventive injunctions included training the child in proper use of muscles so as not to be clumsy (p. 300). The persisting class bias in attitudes toward fatalism is noted in William Haddon, Jr., Edward A. Suchman, and David Klein, *Accident Research: Methods and Approaches* (New York, 1964), p. 6. Meckel, *Save the Babies*, depicts the change that occurred when early twentieth-century public health leaders came to depend less on general reforms and to focus more on individual actions, and especially those of mothers, to prevent disease and infant mortality; the safety movement did not come into existence until the latter focus was already well in place.
20. Viviana A. Zelizer, *Pricing the Priceless Child: The Changing Social Value of Children* (New York, 1985), especially chapters 1 and 5. Albert W. Whitney, "Where Are We in Safety Education Now?" *Transactions of the National Safety Council* (1938): 101.
21. Zelizer, *Pricing the Priceless Child*, p. 145. Focus on Children and Youth: A Report of the Council of National Organizations on Children and Youth for the 1960 White House Conference on Children and Youth (n.p., 1960), p. 124. On the legal status of "care and protection," see above. Linda Gordon, "Single Mothers and Child Neglect, 1880–1920," *American Quarterly* 37 (1985): 173–192, especially 177, notes that turn-of-the-century social workers had great discretion in defining neglect of children, although clearly lack of supervision could become part of the definition—especially as applied to mothers' caring for children. Lionel Rose, *The Erosion of Childhood: Child Oppression in Britain 1860–1918* (London, 1991), especially chap. 23, discusses both formal responsibility and safety in the British context.
22. In addition to works previously cited, Joel Tarr and Mark Tebeau, "Managing Danger in the Home Environment, 1900–1940," *Journal of Social History* 29, 4 (June, 1996), cite Clifford Clark, *The American Family Home, 1800–1860* (Chapel Hill, 1986), which provides much perspective. King, *Children's Health in America*, pp. 121–124—although when King discusses accidents, pp. 122–123 specifically, he emphasizes social and institutional responses.

23. Frank Howard Richardson, "What a Child Should Demand of His Doctor," *Children, The Magazine for Parents* (Oct. 1927): 29–30. A particularly strong statement about the role of the physician is George M. Wheatley, "A Formula for Child Safety," *Ohio State Medical Journal* 49 (1953): 609–613. Michael A. Brescia and James M. Dobbins, "Acute Phosphorus Poisoning," *Journal of Pediatrics* 21 (1942): 378. J. P. Price, "Accidental Poisonings in Children," *GP* (Aug. 1952): 60; Esther B. Clark, "The Pediatrician and Child Accident Prevention," *National Safety Council Transactions* (1950) Section 13, p. 36. There are many such statements: Katherine Bain, "Death Due to Accidental Poisoning in Young Children," *Journal of Pediatrics* 44 (1954): 622: "The physician's responsibility, especially in relation to drugs, is clear...." Julius B. Richmond, "Health Supervision of Infants and Children," *Journal of Pediatrics* 40 (1952): 647, wanted physicians to be involved in engineering solutions as well as parent education. The responsibility of the physician showed up even in a public health context; see, for example, *Home Accident Prevention Text for Use by Local Health Departments* (Washington, 1958, Public Health Service Publication No. 564), especially pp. 20–21.
24. Tarr and Tebeau, "Managing Danger in the Home Environment;" this article is referred to repeatedly below, without further citation. Gertrude Zurrer, "The Welfare Agencies and Home Safety," *National Safety Council Proceedings* (1931): 193. See, for example, William C. Knoelk, "The School's Responsibility for Home Safety," *National Safety Council Proceedings* (1936): 134. Another example is Bernard Lundy, "How to Prevent Home Accidents," *Home Safety Review* (Sept.–Oct. 1944): 4. The transfer from the workplace to the home was always uncomfortable, as Katharine Fisher, "Interesting the American Family in Safety," *Home Safety Review* (Sept.–Oct. 1943): 6, noted: "We cannot set up control systems for preventing home accidents. Each family is on its own." Concern about very young children came even more slowly to the NSC than did concern about the home; "People Should Be Warned About . . .," *ibid.*, p. 15, reveals that as late as 1943 the NSC had no literature on the toddler population group.
25. See also Abigail J. Stewart, David G. Winton, and A. David Jones, "Coding Categories for the Study of Child-Rearing from Historical Sources," *Journal of Interdisciplinary History* 5 (1975): 701, who suggest that holding the mother responsible for child rearing (even if the ultimate authority was the father), rather than both parents, was well in place by the eighteenth century and continued in the nineteenth century.
26. Ida M. Tarbell, "Who Is to Blame for Child Killing?" *Collier's* (Oct. 7, 1922): 12. A later, more complex example is Vivian Weedon, "Mother Is a Teacher, Too," *Home Safety Review* (Aug.–Sept. 1947): 3, 14–15. Jeanette Townsend, "Parent Wise—Infant Safe," *Home Safety Review* (Dec. 1949–Jan. 1950): 6.
27. John Aikman, "Diagnosis and Treatment of Accidental Poisoning in Children," *New York State Journal of Medicine* 36 (1936): 1773. Wm. D. McNally, "Kerosene Poisoning in Children," *Journal of Pediatrics* 48 (1956): 296.
28. The examples are from "Make Your Home Safe," *House Beautiful*, (Feb. 1941): 42; Christopher Brooks, "Needed . . . Safer Homes for Babies," *Good Housekeeping* (Aug. 1944): 92–93; Daisy Jenny Clay, "20,000 Children Die Needlessly," *Better Homes and Gardens* (May, 1946): 113. See also, for example, "Congratulations," *Home Safety Review* (Jan.–Feb. 1944): 8–9. *Signals for Safety* (Chicago, 1954), p. 5.
29. Roland Marchand, *Advertising the American Dream: Making Way for Modernity, 1920–1940* (Berkeley, 1985), pp. 228–232, 296–299. Sidney J. Williams, "Home Accidents and Home Economics," *Journal of Home Economics* 22 (1930): 184–190. "Who Else?" *Home Safety Review* (Mar. 1952): 6. In the face of mother bashing in the safety literature, Mrs. Willis M. Graham of the Illinois Federation of Women's Clubs, quoted in *National Safety Council Proceedings* 3 (1931): 186, offered in exculpation of women's carelessness that caused accidents that "we all know better but we lack a self discipline which makes us pause and apply the knowledge that we have." One context for putting the blame on

Mom is suggested in Annegret S. Ogden, *The Great American Housewife: From Helpmate to Wage Earner, 1776–1986* (Westport, 1986).

30. See especially Donald W. Armstrong, "Are They Safe at Home?" *Home Safety Review* (Aug.–Sept. 1948): 5.
31. See such works as E. Anthony Rotundo, "American Fatherhood: A Historical Perspective," *American Behavioral Scientist* 29 (1985): 7–25; Jonathan Bloom-Feshbach, "Historical Perspectives on the Father's Role," in *The Role of the Father in Child Development*, ed. Michael E. Lamb (2nd ed., New York, 1981), pp. 71–112 (incidentally, other writers in this book did not mention the accidental injuries of very young children). Authors of such historical works, again, like other historians of the family, spoke of responsibility for moral and psychological development—it was just the physical safety of the very young that got overlooked.
32. King, *Children's Health in America*, p. 146. Armstrong, "Are They Safe at Home?" *The Children's Hospital, Accident Handbook* (Boston, 1950), unpaginated. Charles D. May, "Iatrogenic Disease," *Pediatrics* 22 (1958): 2. Hugh A. Carrithers, "Mammalian Bites of Children," *A. M. A. Journal of Diseases of Children* 95 (1958): 150. George Weinstein, "Too Many Children Die!" *Woman's Home Companion* (May, 1948): 56.
33. Harold Jacobziner, "Accidents—A Major Health Problem," *Journal of Pediatrics* 46 (1955): 432. Harry F. Dietrich, "Protection/Education" *Ohio Health* (Mar. 1953): 23–25. Perhaps the most tragic instance of blame laid on caregivers and especially mothers was the category of accidental suffocation of infants—presumably by their bedclothing. This heartrending category of death inspired a substantial volume of safety warnings to parents (beware of loose bedding and pillows in the crib) for many years. Slowly, however, evidence accumulated that led to reconceptualization of most of those accidents into sudden infant death syndrome (SIDS), which was a medical condition and did not thereafter constitute an accident. See, for example, Harold Abramson, "Accidental Mechanical Suffocation in Infants," *Pediatrics* 25 (1944): 404–413; "Safe Sleep for Baby," *Home Safety Review* (Oct.–Nov., 1945): 6. Sidney Farber, "Unexpected Death in Early Life," *New England Journal of Medicine* 219 (1938): especially 839–840, and Sidney Farber, "Studies of Sudden Death in Infants," *National Safety Council Transactions* (1952): Part 13, pp. 24–25. Contrast "Infant Deaths," *Home Safety Review* (Feb. 1943): 7, 15, with "Mechanical Suffocation Deaths Questioned," *Home Safety Review* (Aug.–Sept. 1947): 6, 15.
34. An especially good example is Edward R. Schlesinger, *Health Services for the Child* (New York, 1953), chap. 14. See also, for example, Westaby, "Public Health Aspects of Home Accident Prevention," pp. 34–37. Another example of involving nurses is "Safety Promotion Is Part of Nurse's Daily Work," *Public Health Reports* 69 (1954): 846–847. Robert H. Kotte, "How to Give Accident Prevention Advice," *ibid.*, pp. 49–54, contrasted the medical personnel's point of view with that of workers in the safety movement; the latter, for example, did not deal with actually injured people, nor did they have an opportunity to evaluate the effects of safety programs. See John C. Burnham, "How the Discovery of Accidental Childhood Poisoning Contributed to the Development of Environmentalism in the United States," *Environmental History Review* 19 (1995): 57–81, for one account of the rise of accidents in pediatricians' consciousness.
35. See, for example, Edward Press, "Epidemiological Approach to Accident Prevention," *American Journal of Public Health* 38 (1948): 1442–1445, already citing John E. Gordon's then unpublished work along this line. Schlesinger, *Health Services for the Child*, p. 216. Edward A. Suchman and Alfred L. Scherzer, *Current Research in Childhood Accidents* (New York, 1960).
36. Harry F. Dietrich, "Clinical Application of the Theory of Accident Prevention in Childhood," *American Journal of Public Health* 42 (1952): 849–855; the quote is from

854. Dietrich characterized prevention education as "conferring immunity," parallel to bacteriological immunizations. An early example of the beginning of broadening beyond just the watchfulness of mothers is Bil Sullivan, *Babies Don't Bounce; A B C's of Baby Safety* (New York, 1947), p. 4: "Our Purpose is to give Mother (and Dad too) pointers on how to anticipate the entanglements her offspring may get into in the course of everyday living."
37. General background is in King, *Children's Health in America*, chap. 7. See, for example, Donald A. Laird and Eleanor C. Laird, *The Strategy of Handling Children* (New York, 1949); child care was presented as primarily the mother's job, although, again, the father should do more. There were a large number of popular advice books and articles (for example in *Parents' Magazine*) in this time period, virtually all of which showed the same psychological emphasis. For extensive concern about overprotectiveness, see, among other volumes, Allan Frome, *The Parents Handbook* (New York, 1956). David M. Levy, *Maternal Overprotection* (New York, 1943). Another approach is Peter N. Stearns and Timothy Haggerty, "The Role of Fear: Transitions in American Emotional Standards for Children, 1850-1950," *American Historical Review* 96 (1991): 63-94.
38. See, for example, Ruth Morris Bakwin and Harry Bakwin, "Accident Proneness," *Journal of Pediatrics* 32 (1948): 749-752, and "Deaths in Children Due to Accident," *ibid.*, p. 674; William S. Langford et al., "Pilot Study of Childhood Accidents: Preliminary Report," *Pediatrics* 11 (1953): 405-415. Morris S. Schulzinger, *The Accident Syndrome: The Genesis of Accidental Injury* (Springfield, IL, 1956), attempted to sort out the psychological approach. Armstrong, "Are They Safe at Home?" pp. 14-15, commented in 1948 on the shift to psychology: "It has long been recognized that safety is closely related to physical health. Defective hearing, bad eyesight, and poor muscle coordination are conducive to accidents. More recently it has become apparent that emotional health is also closely related to accidents." The general approach to accidents was expressed by A. L. Chapman, "Foreword," in *Accident Prevention: The Role of Physicians and Public Health Workers*, ed. Maxwell N. Halsey (New York, 1961), p. vi: "Once a sense of personal responsibility for accident causation can be created in the minds of people, great progress will have been made. Then the sequel to an accident no longer will be an orgy of self-pity for being the unhappy victim of an uncontrollable event. Instead, the sequel can be a character-building period of self-evaluation during which acts of personal stupidity, carelessness, and indifference may be identified. Hopefully, the accident-causing sequence of events will not be permitted to recur."
39. Schulzinger, *The Accident Syndrome*, p. vii. See, for example, such widely diverse accounts as Paul W. Kearney, "Safety Begins at Home," *Reader's Digest* (March, 1940): 91-92; and James M. Dennis and Albert D. Kaiser, "Home Accidents in Children Preventable? Study of 491 Cases," *Pediatrics* 13 (1954): 568-575. Accounts suggesting the efficacy of educational campaigns included Georg Maisel et al., "Analysis of Two Surveys Evaluating a Project to Reduce Accidental Poisoning Among Children," *Public Health Reports* 82 (1967): 555-560; and E. D. Schlesinger, "A Controlled Study of Health Education in Accident Prevention," *American Journal of Diseases of Children* 111 (1966): 490-495. An important transition document is Haddon, Suchman, and Klein, *Accident Research*; see especially pp. 28-29. The present essay does not take up—nor did many safety workers—the suggestion of Nathan B. Talbot and Andrew Guthrie, "Health Care Needs of American Children," in *Raising Children in Modern America*, p. 76, that the many physical dangers that exist in a child's environment ("unprotected stoves ... unprotected windows ... broken glass and metal trash ... lead-based paints and improperly stored poisons ... scalding water and grease ... guns ... dangerous toys...."), "may require the establishment of some sort of nationwide monitoring agency responsible for identifying conditions that threaten the safety of children and for requiring that these conditions be corrected."
40. The term was formally introduced in Alvin M. Weinberg, "Can Technology Replace Social Engineering," *Bulletin of the Atomic Scientists* 22 (1966): 4-8, indicating the ways in

which technological, as opposed to social, solutions to social problems were increasingly resorted to, sometimes inappropriately, in the third quarter of the twentieth century.

41. Examples from the child rearing literature include Sara J. Wardel, "Reducing Automobile Hazards," *Parents' Magazine* (Apr. 1935): 36, 84-87; Josephine H. Kenyon, "Your Baby Won't Be Hurt," *Good Housekeeping* (July 1937): 172-174. Benjamin Spock, *The Common Sense Book of Baby and Child Care* (New York, 1946), pp. 208-209.

42. The concept of "Adults as Safety Engineers and Guards" was particularly explicit in James L. Hymes, Jr., *The Child Under Six* (Englewood Cliffs, NJ, 1963), pp. 160-161—a book that, unlike most, actually included safety in it. Mrs. Budd Lane, "Nagging Nets You Nothing," *Home Safety Review* (Mar.-Apr. 1944): 9: "... though they [housewives] make plenty of errors of their own that cause accidents, they have had to make up for the sins of the architect, the contractor, the plumber and the electrician, whose errors of commission and omission have helped to swell our home accident toll." The classic on the way in which technology extended the responsibility of mothers is Ruth Schwartz Cowan, *More Work for Mother: The Ironies of Household Technology from the Open Hearth to the Microwave* (New York, 1983).

43. The quotation is from a useful brief account in The National Committee for Injury Prevention and Control, *Injury Prevention: Meeting the Challenge* (New York, 1989), pp. 6-7. A more detailed account emphasizing the public health perspective is Leslie Fisher, "Childhood Injuries—Causes, Preventive Theories and Case Studies," *Journal of Environmental Health* 50 (1988): 355-360. Julian A. Waller, "Injury Control in Perspective," *American Journal of Public Health* 79 (1989): 272-273; and the brief summary by Dade W. Moeller, *Environmental Health* (Cambridge, MA, 1992), pp. 156-157. A typical general statement is Leon S. Robertson, "Injury Epidemiology and the Reduction of Harm," in *Handbook of Health, Health Care, and the Health Professions*, ed. David Mechanic (New York, 1983), pp. 220-239. As early as 1951, the home safety unit of the National Safety Council had formed a separate division for construction and home furnishing and equipment manufacturing interests. The second quote is from Susan P. Baker and Park Elliott Dietz, "Injury Prevention," in *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention; Background Papers* (DHEW [PHS] Publication No. 79-5507A, Washington, 1979), p. 55.

44. See, for example, "Home Safety Activities of N.S.C. Continue on Broad Front," *Home Safety Review* (July-Aug. 1943): 15. There was also plenty of evidence of what Vivian Weedon, "Are We Giving Bad Advice?" *Home Safety Review* (Sept. 1955): 6, referred to as "the recent upsurge of interest in safety for the pre-school child." "Death from Accidental Poisoning," *Journal of Pediatrics* 43 (1953): 369.

45. See the summary account in Jay M. Arena, "The Pediatrician's Role in the Poison Control Movement and Poison Prevention," *American Journal of Diseases of Children* 137 (1983): 872-873, and Jay M. Arena, "Safety Closure Caps; Safety Measure for Prevention of Accidental Drug Poisoning in Children," *Journal of the American Medical Association* 169 (1959): 1187-1188. "Candy Medication and Accidental Poisoning," *Journal of the American Medical Association* 158 (1955): 44-45. This whole development is put into larger perspective, including later Federal legislation, in William W. Walton, "An Evaluation of the Poison Prevention Packaging Act," *Pediatrics* 69 (1982): 363-370. There was an earlier precedent from very early in the twentieth century, the elimination of phosphorus matches, which killed many children who chewed on them, but curiously this example was not cited in later arguments; see, for example, Leon H. Dembo, "Childhood Accidents and How to Prevent Them" *Hygeia* 21 (1943): 905. More background is in Burnham, "How the Discovery."

46. See, for example, Norma E. Cutts and Nicholas Moseley, *Better Home Discipline* (New York, 1952), chap. IV, who start their discussion of safety emphasizing psychology but end up with practical advice about engineering the environment. Claudia A. Miner, "What

About the Children? Americans' Attitudes Toward Children and Childhood During the 1950s" (Ph.D. dissertation, Washington State University, 1986), pp. 205–207, suggests that in general in American culture interest in children and responsibility for children became much more diffused and less focused on the parents after the 1950s (based on widely disseminated "public" expressions of attitude). Of course, as Sonya Michel has pointed out to me, it is possible to interpret the shift away from mothers' responsibility as distrust of mothers (who might still be held ultimately responsible for their children).

47. National Commission on Product Safety, *Final Report Presented to the President and Congress, June, 1970* (Washington, 1970), especially pp. vii–viii, 4, 9–11. See, for example, Goetz and Allen, *Early Childhood Education*, pp. 129, 143–145. I am not in this paper exploring the possibility that the engineering phase began to be succeeded in the very late twentieth century by a new psychological phase; see The National Committee for Injury Prevention and Control, *Injury Prevention*, p. 8.
48. Committee on Trauma Research, Commission on Life Sciences, National Research Council, and the Institute of Medicine, *Injury in America, A Continuing Health Problem* (Washington, 1985), p. 37. *Promoting Health/Preventing Disease: Objectives for the Nation* (Department of Health and Human Services; Washington, 1980), pp. 45–48, illustrated professionals' increasing emphasis on "technologies," especially for children and very young children. A summary of late 1980s expert views, still mixing other approaches with engineering, is Michael C. Roberts and Penelope H. Brooks, "Children's Injuries," *Journal of Social Issues* 43 (1987): 1–12, and other articles in the same issue. Moeller, *Environmental Health*, p. 164, illustrated the continued use of education along with legislation and engineering. Susan P. Baker et al., *The Injury Fact Book* (2nd ed., New York, 1992), p. 208, concluded that the dramatic decline in childhood poisonings was due to a "broad approach, which did not depend on changing the behavior of children or parents. . . ."
49. The National Safety Council had as a motto, "Accidents don't happen; they are caused." The *Home Safety Review* in the mid-1940s had a column, "Accidents Are Caused." See, similarly, Clement R. Hanlon, J. B. Butchart, and Paul R. Kempf, "Injuries in Childhood," *Journal of Pediatrics* 34 (1949): 689: "The two outstanding causes of accidents are: unsafe conditions and unsafe practices." Robert H. Alway, "'Accidental' Ingestion of Poisons in Childhood," *Postgraduate Medicine* 11 (1952): 239, wrote that "An accident is an accusation of negligence. . . ."
50. See the mature version of this rationale in The National Committee for Injury Prevention and Control, *Injury Prevention*, p. 4. There is a summary in Janice R. Westaby, "A Bookshelf on Injury Control and Emergency Health Services," *American Journal of Public Health* 64 (1974): 394–395.
51. The term appears in standard lists of new words; see especially Robert K. Barnhart, Sol Steinmetz, and Clarence L. Barnhart, *Third Barnhart Dictionary of New English* (New York, 1990), p. 85, which dates the term to 1956 but without attribution. See, for example, Gordon D. Jensen and Wesley W. Wilson, "Preventive Implications of a Study of 100 Poisonings in Children," *Pediatrics* 25 (1960): 490–495; and Diane Sokolow, "Raising Two Under Two," *Parents' Magazine* (Jan. 1965): 50–51, 90, 93. The parallel to "fireproof" is obvious—but then the term should have been "accident-proof;" see, for example, Alwyn W. Knight, "'Safety First'—The 1938 Slogan for America's Homes," *Hygeia* 16 (1938): 86. "Childproof" truly reflects the engineering mentality of automatic control of the errors of humans, including children.
52. See especially Hareven, "Modernization and Family History," pp. 190–206.